

PART B - FEE(S) TRANSMITTAL

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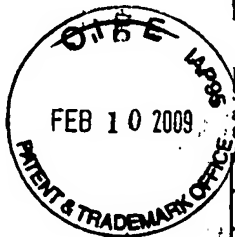
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11/10/2008

DICKSTEIN SHAPIRO LLP
 1825 EYE STREET NW
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02/11/2009 INTEFSW 00000846 10541591

01 FC:1501 1510.00 OP
 02 FC:1504 300.00 OP
 03 FC:1806 180.00 OP

04 FC:8001

(Depositor's name)
 (Signature)
 (Date)

APPLICATION NO.	FILING DATE	FEE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/541,591	11/22/2005	3.00 OP	Kenya Yokoi	R2184.0443/P443	1994

TITLE OF INVENTION: INFORMATION RECORDING METHOD, INFORMATION RECORDING DEVICE AND RECORDING MEDIUM
 CONTAINING A PROGRAM, WITH RECORDING MARKS FORMED BY EMITTING LIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/10/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
BIBBINS, LATANYA	2627	369-047530

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Dickstein Shapiro LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ricoh Company, Ltd.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 1

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- ☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jennifer M. McCue #55440
Mark J. Thronson

Date February 10, 2009

Typed or printed name

Registration No. 33,082

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